

p.m. to allow for the weekly caucus meetings.

The PRESIDING OFFICER. Without objection, it is so ordered.

#### ORDER FOR ADJOURNMENT

Mr. BROWN. If there is no further business, I ask unanimous consent that the Senate stand adjourned under the previous order following the remarks of my colleague from Ohio.

The PRESIDING OFFICER. Without objection, it is so ordered.

The Senator from Ohio.

#### OPIOID EPIDEMIC

Mr. PORTMAN. Mr. President, I thank my colleague from Ohio, and I am on the floor today to talk about a major public health crisis facing our country, one that is resulting in thousands of people losing their lives, causing the death of over 100,000 Americans a year, and has negatively impacted so many millions more in my home State of Ohio and all around the country.

And, no, I am not talking about COVID-19. I am talking about an epidemic within the pandemic. I am talking about the surging epidemic of drug use and addiction that has fueled a record number of overdose deaths and threatens to get even worse.

In the past 19 months or so, our attention has, understandably, been directed toward the COVID-19 crisis. And, once again, we see with Omicron the possibility of another variant coming, and those public health challenges are real.

But I have to tell you that it has led us to ignore another crisis. The Centers for Disease Control, the CDC, recently issued a report which was shocking and should serve as a wake-up call to all of us.

It said that between April of 2020 and April of 2021, the most recent year for which we have data, we had over 100,000 individuals lose their lives to drug overdose deaths in this country. That is the highest ever. It is a record.

By the way, 100,000 deaths per year is more than the deaths from gunshot wounds and the deaths from car accidents combined. It is truly the epidemic within the pandemic.

Away from the headlines, we have this other tragic healthcare crisis that has left no part of the country unaffected. Forty-six States and the District of Columbia have seen their overdose rates go up in the last year, with a 26-percent increase in my home State of Ohio. In some States, there are now as many drug overdose deaths as there are COVID deaths.

Like many of you, I have seen firsthand the damage drugs like crystal meth or cocaine or heroin or now the synthetic opioids are causing to the families we represent, to people who have gotten caught in that spiral of drug abuse and addiction.

I have also seen the heroic efforts of first responders who have saved peo-

ple's lives by administering naloxone, which some call Narcan, its brand name. It is a miracle drug that literally saves lives by being able to reverse the effects of an overdose.

And I have ridden with law enforcement and treatment providers on rapid response teams in various places in Ohio that follow up with those who have overdosed. Literally, somebody overdoses, and then this rapid response team—usually made up of law enforcement but also treatment providers, social workers—goes to people's homes, and it is amazing what you will find out.

I was, frankly, a little surprised during my first visit—then, I got more used to it—which is that people respond very favorably. Most people who are approached by these rapid response teams agree to get into treatment. And isn't that the key? Using Narcan again and again and again to save someone's life is not the answer. The answer is to get that person into treatment so that that person can get back to his or her family, his or her work, and to a normal life and to be more productive in life.

I have also met with families and loved ones affected, hearing their stories about how losing a family member to addiction has had such a negative impact, often tearing those families apart.

And, of course, I have talked to a lot of people in recovery who have told me about the grip of addiction on their lives and how they got help and what worked and what didn't work.

Unfortunately, a lot of people get help, get into treatment, and it doesn't work for them. They have to do it again and again. But, ultimately, for those who can stay in recovery and are able to stay sober and clean, they have the most amazing stories. And so many of them are coming back and contributing in big ways to our communities—many helping others. Their recovery, basically, is reaching out to others and helping them along the way. Some are called recovery coaches, which is a more formal title, but so many of them are, in effect, recovery coaches helping others who are struggling.

There are so many lives that have been touched by this crisis—100,000-plus deaths, but so many others affected. And I have made it a goal of mine to make sure Congress is playing its role in addressing this effort that must be at the community level, at the State level, but also at the national level to respond to what is a true national crisis.

What makes it especially heart-breaking to me is that, only a few years ago, we had finally begun to make progress on this. We were beginning to turn the corner. We were seeing lower addiction rates. We were seeing lower overdose deaths for the first time in decades.

How did we do it? Well, we redoubled our efforts on prevention, on getting people into treatment, on getting peo-

ple into longer term recovery, making more naloxone available.

Thanks to the bipartisan leadership here in Congress, the Comprehensive Addiction and Recovery Act, or CARA, which I coauthored with my colleague SHELDON WHITEHOUSE, and the 21st Century CURES Act were both signed into law in 2016, helping to pave the way for several billion dollars in new Federal funding to strengthen State, local, and nonprofit efforts to combat addiction.

Our CARA legislation and the follow-up CARA.2 legislation that we passed a few years ago took a comprehensive approach based on best practices. We actually had seminars here in Washington. We brought people from all over the country here. We had four different conferences where we got information as to what was working and not working in our communities, and things that were working we funded.

We directed resources toward more treatment and recovery services for individuals and more focus on prevention.

I can't overstate how critical these kinds of proven services are for people on the path to recovery. Congress had never, before this legislation, ever funded recovery services.

I have visited a number of inpatient and outpatient centers for addiction in Ohio to talk with those working to overcome their addiction. They have told me time and again how these recovery services gave them the structure, the support, and, most importantly, the hope they needed to be able to overcome this disease.

And we actually started to see that hope translate into real success on the ground, real numbers and real people's lives.

In 2017, Ohio's overdose death rate had increased for 30-plus straight years, and Ohio's death per capita that year, 2017, was almost three times that of the national average.

But that next year, in 2018, as these two signature laws, CARA and CURES, were fully implemented, Ohio began to turn the tide with a 22-percent reduction in overdose deaths in 1 year.

Again, after more than 30 years of increases in overdose deaths every single year, a 22-percent decrease. Nationally, overdose deaths declined that year about 4 percent, again, after a year after year of increases. In 2019, we had a slight decrease also. These were promising developments.

But since then, there has been a lethal convergence on both the supply side of this issue and the demand side of this issue. Sam Quinones, the author of "Dreamland," which I think is the seminal book on the rise of opioids in this country, recently put it well. He said in an interview that before COVID hit, Mexican cartels had achieved their goal, finally, of covering our country with "the most . . . mind-mangling drugs we've ever seen. . . . It just so happened that we went into isolation at the very moment when these drugs hit their apex."